

FY 2014 E-rate Application Information Request

Date 03/30/2016

Contact Name: Michelle Harken
Applicant Name: LINDEN UNIF SCHOOL DISTRICT
FCC Form 471 Application Number(s): 938418
Funding Request Number(s): 2616794


Response Due Date: 04/14/2016

We are in the process of reviewing Funding Year **2014** Form 471 Application for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. To complete our review, we need some additional information. The information needed to complete the review is as follows:

USAC is conducting a post payment review (PPR) of the invoice line listed below for the aforementioned FRN(s).

FY	BEN	ENTITY	471#	FRN	SERVICE	SERVICE PROVIDER
2014	144354	LINDEN UNIF SCHOOL DISTRICT	938418	2158493	TELCOMM SERVICES	Jive Communications

FCC rules required applicants to pay the non-discount portion of the cost of the goods and services to their service provider(s). Service providers are required to bill applicants for this non-discount portion.

The FCC in the Fifth Report and Order ([FCC 04-190](#) , released August 13, 2004) stated that all funds disbursed should be recovered for any funding requests in which the beneficiary failed to pay its non-discount share. The FCC concluded that a reasonable timeframe is 90 days after delivery of service.

These rules are violated if the service provider does not receive payment for services and/or products that it delivered to the eligible entity. We are sure you understand that USAC, as the program administrator, is obligated to address this concern.

Statements were made to USAC that Linden Unif School District has not paid the non-discount portion for products/services received.

Therefore, please answer the following questions in regards to the statements specified above

1. Please provide a response to the aforementioned statement.
2. Please provide copies of the canceled checks, and invoices to confirm payment of the non-discount portion for the invoices.

Response Reminders

Please fax or email the requested information to my attention. If you have any questions or you do not understand what we are requesting, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to respond may result in a reduction, denial, or rescinding of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Alex Majewski
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Fax: 973-599-6552
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Special Compliance Information Request Certification

Complete and return the enclosed Certification to the Schools and Libraries Division (SLD). If the applicant's authorized representative completed the information in this document, please *attach a copy of the letter of agency or other agreement* between the applicant and consultant authorizing them to act on the school or library's behalf.

Please note that if an authorized representative signs this form, an authorized school or library official is also required to sign in the space provided below.

Note: If a consultant was used, a school official MUST sign below.

CERTIFICATION	
<p>I certify that I am authorized to make the representations set forth in the responses to the inquiry on behalf of LINDEN UNIF SCHOOL DISTRICT, the entity represented on and responding to the inquiry, and am the most knowledgeable person with regard to the information set forth therein. I certify that the responses and supporting documentation to the inquiry are true and correct to the best of my knowledge, information and belief. I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I acknowledge that false statements can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.</p> <p>I declare under penalty of perjury that the foregoing is true and correct. Executed on ____ day of _____, 2016 at _____[city], _____[state].</p>	
Signature	Date
Print Name	Title
Employer	
Telephone Number	Fax Number
Email Address	
Address	
Authorized School or Library Official's Signature and Title	Date
Print Name of Authorized School or Library Official Named Above	